

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020094-1
PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl #3
DPS-1016
COPY 1 OF 2

(Address)

(City)

(State)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|-----------------------------------|-----------------------------|---|----------|------------|-----|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Cost | | | | 2,763. | 55 |
| PAYMENT: | | | | | | | |
| Complete <input type="checkbox"/> | | | | | | | |
| Partial <input type="checkbox"/> | | | | | | | |
| Final <input type="checkbox"/> | | | | | | | |
| | | Use continuation sheet(s) if necessary | | | | | |

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 2,763.55

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 5/23/58 *Payee

(required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) *EE*

2,763.55

Per _____ Title _____

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____, Payee _____ (Sign original only)

* When a voucher is signed or accepted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, President."
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

5/18/58

FORM STL - 660

| BATCH | | | | INVOICE | PURCHASE | CHECK | PAYMENT | | Vendor | GROSS | DISCOUNT | TR. | COST CENTER | | | CHARGE DISTRIBUTION | | | | NET AMOUNT |
|-------|-----|-----|-----|---------|----------|--------|---------|-----|--------|--------|----------|------|-------------|------|------|---------------------|--------|------|------------|------------------------|
| No. | Mo. | Day | Yr. | NUMBER | ORDER | NUMBER | Mo. | Day | Number | AMOUNT | | CODE | Maj. | Int. | Sub. | Account | M.I.O. | S.D. | Work Order | |
| 21 | 05 | 14 | 8 | 61499 | 44639 | | 05 | 15 | 1810 | | | 50 | 25 | 27 | 20 | 12501 | 5046 | 01 | 1 | 25000 |
| 21 | 05 | 14 | 8 | CM-1629 | 43560 | | 05 | 15 | 1823 | | | 50 | 25 | 27 | 20 | 12501 | 5046 | 01 | 1 | 21400 |
| | | | | | | | | | | | | | | | | | | | | 46400 * |
| | | | | | | | | | | | | | | | | | | | | 46400 ** |
| | | | | | | | | | | | | | | | | | | | | <i>Total</i> 46400 *** |